

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./ DIV. CODE NJXNA	2. PERSON REPRESENTED DAVID CONNOLLY	VOUCHER NUMBER <i>CASE NO. 07-575(SRC)(1)</i>	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 07-575(SRC)(1)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA V. David Connolly	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal      _____	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other      _____	10. REPRESENTATION TYPE (See Instructions) Trial/Sentence
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18 922(g)(1) Unlawful Transport of Firearms			
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS Michael Pedicini, Esq. 60 Washington Street Morristown, New Jersey	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel		
Telephone Number : <u>973-425-533</u>	Prior Attorney's _____ Appointment Dates: <u>6/2/08</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other (See Instructions)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Same as above	<u>6/2/08</u> _____ Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>ON THE FED. SERVICES AND EXPENSES</b>		<b>FOR COURT USE ONLY</b>	